	D-	O40 (L) City of Detroit Income Tax 2009 Individual Return — Part Year Resident	:						
	or F	scal Year Beginning MMDD 2009, Ending MMDDDYYYYY							
;	Socia	Security Number Spouse's Social Security Number Check here if this return is \$	-						
		for a deceased taxpayer	ÿ						
Ī	First N		_						
Γ			٦						
-	Spous	e's First Name MI Spouse's Last Name	_						
			\Box						
	Home	Address (Number and Street or Rural Route)	Τ						
_	City o	Town State Zip Code							
Г	^ _	LING CTATUS EVENDTIONS.	\neg						
		LING STATUS EXEMPTIONS: REGULAR 65 or OVER BLIND DEAF DISABLED E. Number of Dependent Children							
	L	Filing Separately List all dependents on page 2, part 4.	-						
	Γ	Married Filing Jointly C. YOURSELF Married Filing Jointly C. YOURSELF F. Number of Other Dependents List all dependents on page 2, part 4.	_						
	ь Г	Check if you can be claimed as a dependent D. SPOUSE D. SPOUSE G. TOTAL Number of Exemptions							
L	В. [on another person's tax return. Add lines C, D, E and F	-						
		ded return? Y I. Is this amended return as a result of a federal audit? Y J. If Yes, enter the federal determination date MMDDDYYYYYY]						
_	Res	idency:	_						
		per of Months you were a Resident — Number of Months your spouse was a Resident — Number of Months — Number of Months — Number of Months — Number of Months — Nu							
	Resi	lency Effective Date	1						
		lency Ending Date Residency Ending Date	ĺ						
_		, , , , , , , , , , , , , , , , , , , ,	_						
	_	INCOME AND ADJUSTMENTS — All Income While Resident of Detroit - Col I Non-Resident Col II	а						
a)	1.	Total Income from W-2 (Work location:) 1	_						
Here	2.	Other Income (or losses) (from page 2, part 1)	_						
M- 2	3.	Subtotal (add lines 1 and 2)							
Form		Deductions from Income (from page 2, part 2)							
ot F0	4.		_						
py o	5.		_						
Copy	6.	Exemption Amount (see instructions for computation)							
Attach	7.	Net income (line 5 less line 6)	_						
A	8.	Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule)							
	9.	Less: Loss transfered from column I or II							
Order Here	10.	Total Income Subject to Tax (line 7 less line 8 and 9) ■ 10							
	11.	Tax (multiply line 10 column 1 x .025 (2.5%) / multiply line 10 column 2 x .0125 (1.25%)) ▶ 11	_						
	12.	2. Total tax − Add line 11 column I + column II 12. Total tax − Add line 11 column I + column II							
	13.	Credit tax paid to other cities (attach copy of other city returns)							
	14.	Total Tax (line 12 less line 13) PAYMENTS AND CREDITS							
Money	15.	Tax withheld Tax bithheld 15							
ō	16.								
Check	17.	Detroit tax paid for you by a partnership (from page 2, part 3)							
2	18.	Total powments and gradity (add lines 15 through 17)							
Attach	19.	Total payments and credits (add lines 15 through 17) REFUND OR TAX DUE If line 18 is larger than line 14 enter the amount of Overpayment 19							
At	20.								
	21.	Amount to be Credited on 2010 Estimated Tax (if amended see instructions)							
	22.	If line 14 is larger than line 18 enter the amount of Tax due: (make check payable to: Treasurer, City of Detroit) — 22							

RESIDENT NON-RESIDENT COLUMN I COLUMN II Other Income (or losses) Interest and dividend income from federal 1040 or 1040A 2. Distributions from tax-option corporations (Losses not deductible) 3. Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc.) Gain (or loss) on sale or exchange of property (attach federal schedule(s)) 4. 5. Net income (or loss) from partnership (attach federal Schedule K-1, etc.) 6. Net income (or loss) from business or profession (attach federal Schedule C) 7. Net income (loss) from Rent or Royalties (attach federal Schedule E) Miscellaneous 8. Total Other income (or losses) (enter here and on page 1, line 2) PART 2 **Deductions from Income:** Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form) 2. Moving expense from federal form 3903 (attach federal form) Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions. (attach federal form 1040, page 1) Interest on obligations of the United States or subordinate units included on part 1, line 1 4.

PART 3

Federal Identification Number

Social Security Number

Detroit tax paid for you by a partnership

Enter total deductions from income here and on page 1, line 4

Penalty for early withdrawal of savings ---

Net operating loss carryover

Name

1								
2								
Total enter on page 1, line 17								
PART 4								
Enter the first names of the dependent children & Social Security Numbers	Enter the names & Social Security Numbers of other dependents							

Signature: (if Joint return, BOTH HUSBAND AND WIFE MUST SIGN)

Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1)

Address

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

			()	()	
Taxpayer's Signature	Date	Occupation	Home Phone	Work Phone	
			()	()	
Spouse's Signature	Date	Occupation	Home Phone	Work Phone	
Signature of preparer other that	n taxpaver	Date	Address	I.D. number	

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2010 or at the end of the fourth month after the close of your tax year.

Returns with Payments: TREASURER, CITY OF DETROIT

P.O. BOX 673556

Detroit, Michigan 48267-3556

Refund and all others: DETROIT CITY INCOME TAX

P.O. BOX 553173

Detroit, Michigan 48255-3173

Amount

5.

6.